## **Breast Diagnostic Form (Revised December 2012)**



Wyoming Breast and Cervical Cancer Early Detection Program Wyoming Department of Health, 6101 Yellowstone Road, Suite510 Cheyenne, WY 82002

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Patient Name: (Last)	(Maiden)	(First)	(MI)			
DOB:/	This form must be completed	and submitted to WBCCEDP before payme	nt can be made.			
Clinic Name:						
<b>Prior Mammogram?</b> Yes   N	lo □ Unknown	Date of prior Mammogram:/				
Breast Diagnostic: Procedures Performed and Results						
☐ Patient Refused Services		Date of Refusal:/				
Additional Mammographic View	s:	Work up Planned:				
□ BIRADS 0: Assessment Incom		□ Routine Screening				
☐ Film Comparison Yes	No	□ Follow-up Mammogram inmonth	(s)			
□ BIRADS 1: Negative/Normal		<ul><li>□ Fine Needle Aspiration (FNA)</li><li>□ Ultrasound</li></ul>				
<ul><li>BIRADS 2: Benign Findings</li><li>BIRADS 3: Probably Benign F</li></ul>	inding	☐ Ultrasound ☐ MRI **				
□ BIRADS 4: Suspicious Abnor		□ Schedule Surgical Consultation				
□ BIRADS 5: Highly Suggestive		☐ Biopsy				
□ Results Pending	or manginary	Other (specify:	)			
□ Not Done – other/unknown rea	son	\1	<b>,</b>			
Date of Service://		**Not funded by the Wyoming Breast and	Cervical Cancer			
Date Results Received://_		Early Detection Program				
Place of Service:						
<b>Consultation by Breast Specialist</b>	•	Work up Planned:				
□ No Intervention at this time – n	outine FU	□ Routine Screening				
□ Short Term FU		<ul><li>Follow-up Mammogram in month</li></ul>	n(s)			
□ Normal Examination		□ Follow-up CBE in month(s)				
□ Benign Findings		☐ Fine Needle Aspiration (FNA)				
Discrete Palpable Mass – suspi		□ Ultrasound				
☐ Discrete Palpable Mass – Dx. I		□ MRI**				
<ul><li>Bloody/Serous Nipple Dischar</li><li>Nipple/Areola Scaliness</li></ul>	ge	<ul><li>□ Biopsy</li><li>□ Other (specify:</li></ul>	)			
☐ Skin Dimpling/Retraction		d other (speeny	,			
□ Refused		**Not funded by the Wyoming Breast and	Cervical Cancer			
□ Not Done – other/unknown rea	son	Early Detection Program				
□ Unknown						
Date of Service:/						
Date Results Received://_	- <del></del>					
Place of Service:						
Ultrasound:		Work up Planned:				
☐ Assessment is Incomplete, nee	d additional imaging (0)	□ Routine Screening	(1.7.)			
<ul><li>□ Negative (1)</li><li>□ Benign Findings (2)</li></ul>		□ Follow-up Mammogram in mo	ontn(s)			
☐ Probably Benign (3)		□ Follow-up Ultrasound in morth(s) □ Follow-up CBE in month(s)	itii(8)			
☐ Suspicious Abnormality – cons	sider biopsy (4)	☐ Fine Needle Aspiration (FNA)				
☐ High Suggestive of Malignance		☐ Biopsy				
☐ Known Biopsy-Proven Malign		□ Surgical Consult				
□ Unknown		□ MRI**				
□ Refused		☐ Other (specify:	)			
□ Not Done – other/unknown rea	son					
Date of Service:/		**Not funded by the Wyoming Breast and Early Detection Program	Cervical Cancer			
Date Results Received://						
Place of Service:						
(Breast Diagnostic F	orm continued on page 2)					

WBCCEDP - Breast Diagnostic Form - Page 2				
Patient's Name:				
DOB:/				
Fine Needle/Cyst Aspiration:	Work up Planned:			
□ Normal/Nonbloody Fluid with Resolution of Cyst	□ Routine Screening			
<ul><li>□ No Fluid/Tissue Obtained</li><li>□ Suspicious for Cancer</li></ul>	<ul><li>□ Follow-up CBE in month(s)</li><li>□ Follow-up Mammogram in month(s)</li></ul>			
Unknown	□ Follow-up Ultrasound in month(s)			
□ Refused	□ Ultrasound			
□ Not Done – other/unknown reason	□ Surgical Consult			
Date of Service:/	□ Biopsy			
Date Results Received://				
Place of Service:				
MRI** Not a covered service by the Wyoming Breast and Ce	Work up Planned:			
□ Assessment is Incomplete, need additional imaging	□ Routine Screening			
□ Negative	☐ Follow-up Mammogram in month(s)			
□ Benign Findings	☐ Follow-up Ultrasound in month(s)			
□ Probably Benign	☐ Follow-up CBE in month(s)			
☐ Suspicious Abnormality – consider biopsy	☐ Fine Needle Aspiration (FNA)			
☐ High Suggestive of Malignancy	□ Biopsy			
☐ Known Biopsy-Proven Malignancy☐ Refused	□ Surgical Consult □ Other (specify:)			
□ Refused □ Not Done – other/unknown reason	Other (specify:)			
Date of Service://				
Date Results Received://				
Place of Service:	_			
Breast Diagnostic: Procedures Performed and Results (Continu	ned)			
Biopsy - Specify type:	Work up Planned:			
□ Surgical	☐ Follow-up Office Visit inmonth(s)			
□ Core Needle Biopsy	☐ Follow-up Mammogram inmonth(s)			
Results:	<ul><li>Routine Screening</li><li>Obtain Definitive Treatment</li></ul>			
<ul><li>□ Normal Breast Tissue</li><li>□ Hyperplasia</li></ul>	<ul><li>□ Obtain Definitive Treatment</li><li>□ Other (specify:)</li></ul>			
□ Other Benign Changes	d Onici (specify)			
☐ Invasive Breast Cancer	Date of Service://			
□ Ductal CIS				
□ Lobular CIS	Date Results Received:/			
☐ Atypical Ductual Hyperplasia (ADH)	Place of Service:			
□ Refused				
<ul><li>□ Unknown</li><li>□ Not Done – other/unknown reason</li></ul>				
Stage:	Tumor Size:			
□ In-Situ □ Stage IV	$ 0 \text{ to } \leq 1 \text{ cm} $			
□ Stage I □ Invasive				
□ Stage II □ Unknown □ Stage III				
Treatment Status:				
☐ Treatment Refused:/ ☐ Treatment Started:/	_/			